ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-005251
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 793

FILED VS MAR 3 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 61 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2215 Poplar
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Katie Middle: V. Last: Bargar
4. DATE OF DEATH Month, Day, Year: Feb. 13, 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/7/1879
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Osco, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Vickroy
13b. MOTHER'S MAIDEN NAME: Elizabeth Walter
14. NAME OF HUSBAND OR WIFE: Joseph E. Bargar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Wilton Bargar Address: 17301 Swope Lane Indep. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the left colon — INTERVAL BETWEEN ONSET AND DEATH: Two Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Dec. 9, 1960, to Feb. 13, 1961 and last saw her/him alive on Feb. 13, 1961
Death occurred at 4:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Ralph Perry (Degree or title) M.D.
22b. ADDRESS 4800 E. 24th, Kansas City, Mo.
22c. DATE SIGNED 2/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/16/61
23c. NAME OF CEMETERY OR CREMATORY Meadville Cemetery
23d. LOCATION (City, town, or county) (State) Meadville, Missouri
24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K.C., MO.
25. DATE RECD. BY LOCAL REG. 2-15-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed William H. Eaye

Licensed Embalmer No. 4728

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.